

WHCOA Comments
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Good afternoon.

I want to thank you for the opportunity to make some brief comments on what I see as critical issues facing rural elders and the dedicated service providers who work to meet these needs.

There are many discrete topics that researchers and practitioners have identified as critical to improving the life circumstances of rural elders. While these present challenges for many elders, they tend to be of greater magnitude in rural places. They also have unique dimensions that reflect rural culture and circumstances and require programmatic and policy responses that need to be attuned to the realities of rural communities and populations. These topics include mobility and transportation, food security, income support, physical and mental health promotion and education, physical and mental health care, long-term care, caregiver education and support and housing options. Population and economic decline and its related loss of services and community resources have made addressing these needs all the more difficult in recent years in much of rural America.

Many of these needs relate to a larger theme of maintaining quality of life in preferred living situations. For most people, this means living as independently as possible as long as possible in the community where they currently reside in a home like setting. And that is the core issue I would like to address. It is clear to me from years of research that we need to make a renewed effort to ensure that older rural adults have the support they need to remain in their homes as long as possible or, at a minimum, have access to comparable long-term care options as other elders have.

As hard as older adults and their families, aging network professionals and some enlightened policy makers and public officials might have tried, we have a long way to go to meet this goal. By and large, the programs that are needed exist, but are often not available in small communities or are under funded and hampered by regulations and guidelines when they do. What are some of these programs and services? Examples include waivers to provide home health and help care; "consumer directed care" that allows elders to pay non professionals to provide assistance with tasks such as home maintenance, shopping and transportation; tele-medicine (interactive televideo and internet based); health education and promotion; housing options such as home sharing, assisted living and life care communities; home repair and weatherization; caregiver education and respite care. To repeat, the problem is that many of these programs are either not available in rural, especially more remote and small places, or limited in the

number of people that can be served. Low population density and small numbers of clients mean fewer people can be served with a finite number of dollars. Many rural elders rely on family, friends and neighbors, but this network is increasingly at risk as young adults leave to find work in larger communities and healthier and younger elders move seasonally or permanently to places with more services. Gaps in services often reduce the effectiveness of services that are available.

What do I see as possible solutions? Money, not just more of it but different ways of spending what is now in the system. What do I have in mind? First, more Medicaid waivers and flexibility on how that money is spent. One example would be the “Pioneers” in Rochester N.Y. that uses homes, appropriately staffed, to be used as a nursing home. Nursing homes could then open “satellites” in very small rural communities and allow small town elders to at least stay in their communities if they need nursing home care. Another is the previously mentioned “consumer directed care” model which recognizes the preferences of older adults and allows them to pay local people and family (“nonprofessionals”) to provide “services.” Third, SUAs and AAAs should be given more flexibility on how they spend OAA and other dollars- say to shift funds more easily between Title III programs and support programs like home sharing and elder cottages. Fourth, state licensure and construction regulations for housing options such as life care communities and assisted living should be examined and retooled to be more cost effective and flexible for small size and density senior housing development and operation. Surely ways can be found to meet safety and care concerns that are less expensive and thus make building and operating supportive housing for seniors in small communities more feasible and cost-effective. Similarly, insurance regulations that might decrease the use of volunteers in a variety of programs (such as using private vehicles to provide para-transit) should be identified and modified. Fifth, states and the federal government should provide incentives for consortium of hospitals, nursing homes and other community agencies to build assisted living, elder cottages and other alternatives to traditional nursing home beds. Ironically, the one housing option that is more available in rural areas per capita is nursing home beds. Sixth, funding for the infrastructure for and provision of tele-medicine in rural areas should be increased.

I could go on, but my time is limited. My comments reflect something that I believe wholeheartedly and that my research and that of others has documented. That is rural communities and people are resilient. They are used to making things work when others would simply shrug their shoulders and move on. In fact, some people in this room are probably thinking “nice words Mr. Professor, but we already DID that !”

I believe that the least that state and federal programs and policies can do is try and recognize, understand and support that resiliency by providing resources that support it and regulations that don’t get in its way. It is not acceptable to simply say, “well, if you choose (or have to) live in a small town or rural area, then you just have to live with fewer services or go to where the services are most conveniently (and profitably) located.” At least I surely hope not. And if it is, then we must say, “this can not stand!”

Thank you.

